

Case Number:	CM14-0216719		
Date Assigned:	01/06/2015	Date of Injury:	10/20/2009
Decision Date:	02/25/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This worker experienced an injury 10/20/2009 that affected knees, the shoulders, and the lower back. Diagnosis over the life of the claim include lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, right knee internal derangement , status post arthroscopic surgery, left knee internal derangement, left shoulder internal derangement, and right shoulder sprain/strain. The IW has had arthroscopic surgery to the right knee 02/28/2011, and lumbar epidural steroid injections 05/22/2014 and 09/04/2014. According to the chart notes of 10/15/2014 the knees remained painful. The lumbar epidural steroid injections provided at least 60% pain relief with improved mobility and activity tolerance. Magnetic resonance imaging (MRI) was done of shoulders on 04/09/2012, the lumbar spine on 04/02/2012, and both knees on 02/20/2012. The right shoulder MRI revealed supraspinatus tendinosis and acromioclavicular degenerative Joint disease (DJD). The MRI of the left shoulder revealed a partial thickness tear of the distal supraspinatus tendon and biceps tendon along with a tear of the anterior superior glenoid labrum. The Lumbar spine MRI revealed disc bulges at L3-4, L4-5 and L5-S1. A bilateral neural foraminal stenosis was present L4-5 and L5-S1. The right knee MRI revealed post-surgical changes and an oblique tear of the lateral meniscus and tricompartmental chondromalacia/DJD. The Left knee MRI revealed an oblique tear of the medial meniscus with tricompartmental chondromalacia/DJD Provider notes from 10/15/2014 listed the IW medications as Norco 10/325 mg 1 tablet three times daily, Anaprox DS 550 mg , 1 tablet twice daily, and Protonix 20 mg, 1 tablet twice daily. At the 10/15/2014 visit, a prescription was written for Norco 10/325 #90, Anaprox DS 550 mg #60, and Protonix 20 mg #60. The medical

review of 11/19/2014 upon which a request for authorization for Norco 10/325 mg #120 was based addressed the IW's medical co-morbidities, but did not address the workers compensation assessment for the left knee, lumbar disc and shoulder. The Utilization Review (UR) physician reviewed three pages of clinical notes dated 11/19/2014. According to the UR letter, these were the only documents submitted to review. Documentation in this review did not address the approved injury sites. Attempts for verbal contact with the provider were not successful. From the submitted documentation, the UR reviewer recommended that prospective request for 1 Medication: Norco 10/325 every six hours #120 (refills not specified) as an outpatient between 12/08/2014 and 1/22/2015 be non-certified. The documentation did not address the compensable injury of 10/20/2009. Evidence based guidelines used included Goodman and Gilman's The Pharmacological Basis of therapeutics, 12th ed. McGraw Hill, 2010, Physician's desk Reference , 68th ed. www.RxList.com. ODG W Official Disability Guidelines-Treatment in Workers Compensation (ODG-TWC), www.online.epocrates.com Monthly Prescribing Reference, www.empr.com Opioid Dose Calculator-AMDD Agency Medical director's Group Dose Calculator, ACOEM (American College of Occupational and Environmental Medicine)www.acoempracguidelines.org/Low Back Table 2, Summary of Recommendations Low Back disorders, ACOEM (American College of Occupational and Environmental Medicine)www.acoempracguidelines.org/Low Back Table 2, Summary of Recommendations, Shoulder Disorders. An application for independent medical review for the Norco 10/325 every six hours #120 (refills not specified) as an outpatient was made on 12/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco 10/325 mg #120.